Part 5

Substance Abuse

10

Alcohol and Young People

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Introduction

From a young person's point of view, drinking may be seen as an essential rite of passage – a rebellion against adult restrictions by participating in a popular adult pastime. The search for fun, confidence and identity can seem more achievable and more enjoyable when intoxicated. For many, intoxication creates opportunities to form relationships, take risks or escape the pain of self-consciousness, loneliness or sadness. Most Western societies proudly promote alcohol consumption as part of adult life, so young people aspiring to join the ranks of adults are likely to believe that it is essential for them to drink alcohol.

In this chapter, we provide a framework that will guide workers in understanding and responding to problematic alcohol use by young people and young adults. The age range covered is broadly the teen years up to the early twenties. We have focused on clinical issues rather than health promotion and prevention as this summary is primarily a practical guide to working with troubled individuals. Clearly, health promotion and prevention are essential and we urge readers to become familiar with the fundamental principles of these programmes and support their implementation.

An Assessment with Understanding

Establishing trust and achieving engagement are fundamental to all therapeutic or helping relationships. To build trust and respect, it is important to not underestimate the value of a sensitive assessment of the young person's circumstances, emotional experiences and substance use. Such an assessment may help to build a platform for personal change. It may give a sense of hope sufficient to get them through the day even if nothing else changes.

A sensitive assessment may be conducted over a couple of sessions and involve not only talking but also drawing, listening to music, walking in the park – using modalities that are comfortable for the client, not just the modalities that the service providers demand or impose (Monti, Colby and O'Leary, 2001).

Workers who wish to gain the trust of young person need to explore the young person's reasons for seeking help and find out whether they are doing so voluntarily or under pressure. Issues related to confidentiality and/or the need for reporting should be considered and discussed with them. Failure to address such issues will render a meeting useless or destructive and the young person may decide that youth workers 'can't be trusted', the system 'sucks' or 'there is no one who genuinely wants to help'.

The Assessment Format

We believe that all agencies should develop a comprehensive assessment procedure based on the following guidelines.

- *Establish the young person's primary concerns*
  Young people are not necessarily concerned about the quantity and frequency of their drinking. The physical, legal, financial, social and/or psychological problems that occur in conjunction with alcohol use are more likely to bother them. To establish your credibility and relevance, it is essential that we make our starting point the concerns that the young person has, and use that as a springboard to discussing underlying factors, including what, when, how and why they drink.
- *Obtain an outline of their current circumstances*
  We need to establish where the client lives, who supports them and how they finance their life. Clients who have chaotic living arrangements are rarely able to make substantial changes in their alcohol use until they experience more stability.
- *Enquire about what experiences they have had with other helping services*
  Previous experience with helping services as well as legal, educational and medical agencies may have been positive or negative. Establishing what has worked and what hasn't can guide your work with clients. It will indicate what they expect, what they reject and what they appreciate.
- *Explain why it is important to know about a person's use of alcohol and other drugs*
  Subject to an agreement about confidentiality and reporting obligations, it is important to obtain an agreement that you and the client will talk about their drug use. You can then discuss alcohol use in a routine, matter-of-fact way and minimize the appearance of being judgemental or accusatory.
- *Develop a list of the substances taken over the past 12 months and discuss the pattern of use*
  The worker does not have to be an expert on all substances in order to follow this basic routine. Be confident and comfortable and ask about all drugs that have been used. The review should include alcohol, tobacco, prescribed medications, medications purchased from pharmacies and illicit drugs, such as cannabis, amphetamines, ecstasy, heroin, steroids, solvents and any other substances known to be used locally. For each substance, get an estimate of the *quantity* consumed in a typical session, the *frequency* of sessions and the approximate date when it was last used. Don't expect this information to be exact – estimates are OK.
- *Identify the function or purpose that alcohol consumption serves for the client*
  This is most important. It takes time and has to be done in collaboration with your client. An alcohol problem is not just one of it resulting in occasional arguments or hangovers. Problematic drinking often occurs as a way of coping with low

self-esteem and a desire to be accepted by the peer group. It often masks these concerns, but it is a poor strategy as it can interfere with judgement and emotional regulation, resulting in 'incidents' that perpetuate the cycle of despair or self-consciousness that drinking was supposed to eliminate. Getting drunk is a short-term solution to a long-term problem for a young person who is socially anxious or struggling with a problematic family history. These are matters that a sensitive assessment will begin to identify with the result that the young person feels understood.

- *Recognize and acknowledge mental health problems*
  An underlying mental health problem, such as anxiety, depression, unresolved grief or a post-traumatic disorder, is a significant complicating factor that always requires sustained investigation and treatment (Lopatko et al., 2002; Melrose, 2007; Sellman and Deering, 2002; Szirom, King and Desmond, 2004). Focusing on the young drinking behaviour is insufficient in these situations as it fails to address the emotional pain that is part of the mental health problem. The potential for self-harm, recurrent suicidal ideation, suicide attempts and suicide is high in the context of alcohol abuse, so workers must be vigilant and have contingency plans to deal with emergencies if they arise. It is important to ask clients whether or not there have been times in the past month when they have felt depressed, worried, anxious, self-harmed or thought about suicide. Checking whether or not they still have any of these feelings will not cause a problem – it may open the door to some very important discussions.
- *Enquire about other issues*
  Effective intervention deals with many topics other than substance use (Spooner, Mattick and Noffs, 1999). Some of the problems that young people may disclose include:
  - legal problems
  - use of negative personal labels
  - influence of socio-economic status
  - peer influence
  - relationship breakdown
  - cultural issues, such as being a member of a minority group
  - boredom
  - lack of information with regard to rights, behaviours and opportunities
  - academic, language and literacy problems
  - effects of trauma
  - family problems
  - financial security and employment prospects.

- *Ask the young person what they would like to do about their alcohol use*
  Many well-intentioned workers assume that their clients recognize there is a connection between their alcohol use and the problems they have. Workers, further, assume that the young person will *want* to change their drinking behaviour and *now*. Both assumptions are likely to be wrong. Clients often believe that the way they currently live is the best they can do under the circumstances. They may want the *circumstances* to change or want *other people* to change, but they may have no intention to make enduring *personal* changes. In seeing a worker, they may be complying with the wishes of a friend, parent or court order. Unfortunately, this can reinforce their belief that they are not really in charge of their life. Drinking to the point of being oblivious to life's pain may be seen by such young people as one way to exercise control and direction. To give up drinking therefore, is, to give up this form of control. It is

unlikely that real progress will be made in helping a young person if they do not believe that they can exercise some choice and control over their future.

The process of change described by Prochaska, DiClemente and Norcross (1992) has become a popular description of the steps or stages that a person may move through in the process of making personal change. We recommend that workers think carefully about how they prepare clients to make change and tailor their interventions to the clients' priorities and readiness. The six stages of the process of change model are as follows.

- *Precontemplation* These young drinkers are 'happy' in their use – that is, they enjoy the fun and put up with the fights, hangovers and other costs associated with drinking. They have not considered making any change in their behaviour so their motivation to participate in treatment is negligible.
- *Contemplation* The young drinker recognises that some problems are linked to their current drinking pattern. They occasionally think about making some changes, but take no action.
- *Determination/preparation* At this stage, the drinker recognises that the costs of drinking outweigh the benefits and a change in their pattern of use is called for. There may still be some ambivalence about giving up the benefits, but they are ready to make personal changes.
- *Action* The young drinker is engaged in monitoring and changing their drinking habits in order to achieve a specified goal.
- *Maintenance* Changes made by the young drinker have been sustained and there is a resolve to maintain this recently acquired pattern of drinking or abstinence.
- *Relapse* Relapse is the alternative to maintenance and is also a feature of the change process (Werch and DiClemente, 1994). It may involve a return to previous drinking patterns, but it does not have to be seen as a sign of failure. Many interventions focus on relapse prevention and how to manage 'lapses' constructively.

- *Use motivational interviewing techniques to help the young person to explore their choices about alcohol use*

  Motivational interviewing builds on the change process and recognizes that individuals are usually ambivalent about changing a behaviour that has been an enjoyable and central part of their social life. With the emphasis on ambivalence rather than resistance, workers casually but systematically assist their clients to consider what it is they like and don't like about drinking (Miller and Rollnick, 2002). Motivational interviewing challenges the common myth that clients must be motivated before they can be helped and places responsibility on the helping agent to promote motivation for change. There are five basic features of motivational interviewing and, like any skill, they have to be practised if they are to be performed well. Effective workers have the ability to do the following.

  - *Express empathy* Reflective, empathic listening will reassure the client that the worker is able to understand both the facts and the feelings that are being expressed. When ambivalence about change is high, empathy – not coercion – is most important.
  - *Develop discrepancy* Gentle but persistent highlighting of any discrepancy between continuing the present behaviour and achieving other important goals can create a desire for change. For example, the worker may say, 'You see yourself as being reliable and honest with your mates, but you just hocked their

sound system and you can't pay your share of the rent. What does that feel like for you?' Here the worker is helping the client to recognize the discrepancy between what they believe about themselves and how they behave. The aim is to enable client to produce arguments for making a change. It is not a time to make them feel guilty or see themselves as a failure.

- *Avoid arguments* Arguing with the client is counterproductive, as it breeds defensiveness and reduces rapport. Using confrontational methods will cause further defensiveness.
- *Roll with resistance* Client 'resistance' is often an indication that the worker needs to change strategies. Working through resistance can produce new perspectives or possibilities that enable worker to have a fuller understanding of their client.
- *Support self-efficacy* Clients often feel quite powerless when it comes to dealing with life's problems. If they feel more relaxed and confident when they have been drinking, giving up alcohol may feel like giving up a lifejacket when they think that they can't swim. Self-efficacy is the belief that you have the capacity to learn to swim and survive. Starting small and working up to bigger things is a good way to go at the beginning of any intervention. For example, self-efficacy is promoted by pointing out that 'You decided to come and see me today even though you could have been out with your mates. It seems as if you are in charge of what you do when you make up your mind.' Overall, motivational interviewing is a matter of 'interpersonal style' – not just a technique to be used in an attempt to manipulate clients. It is an empathic enquiry designed to help clients to think carefully about their situations and then consider the options while feeling empowered as well as understood.

- *Provide feedback and a menu of options for the young person to consider*
  After all this discussion, the information has to be put together in a concise, practical way that maximizes the chances that the young person will take some action. This can be done effectively by following the framework known as FRAMES (Bien, Miller and Tonigan, 1993). Using this short, verbal summary (see Figure 10.1) a worker can pull the story together in a sensitive way that demonstrates to the young person that they have been understood as well as listened to. It provides a chance to capture the essence of what has been happening and challenges the young person to seize the opportunity to make a decision about what to do and when to do it.

  Workers will find it useful to follow this outline in order to summarize, challenge and focus the attention of those they hope to assist. It can be used in relation to any topic, not just alcohol or other drugs. The collaboration that is required in designing the menu is a crucial part of this activity. Like all skills, it is essential to practise in order to be able to deliver FRAMES in a calm, warm and convincing way.

Implementing an Intervention

When implementing an intervention, it is important to recognize our expectations. For instance, it is unlikely that 'responsible' drinking or abstinence will be achieved quickly or that young people will be keen to understand the things that provoked or still maintain their drinking.

Implementation requires a trusting relationship with a therapist and support workers who are credible, persistent and patient. Develop a simple game plan in

F R A M E S stands for:

- *feedback* a sensitive, factual summary of the pros and cons of the drinking or any other issue that young person are prepared to consider
- *responsibility* making it clear that the young person has personal choice and responsibility for what happens next
- *advice* a recommendation that is carefully crafted to challenge the young person to make some decisions, noting the risks if nothing changes
- *menu* a balanced list of practical actions that can be implemented and have a good chance of being beneficial in the short term
- *empathy* all the above are delivered with a sensitivity that demonstrates a clear respect for the young person.
- *self-efficacy* a message that affirms the capacity of this person to make decisions and make things happen.

FIGURE 10.1 *The FRAMES process.*

Source: Adapted from Bien, Miller and Tonigan (1993)

collaboration with the young person so that you both know what you are currently focusing on.

If the client continue to engage in high-risk behaviours, it will be tempting to say that nothing has worked. That is not true if the relationship is playing a role in helping the young person to change their belief that 'everyone lets me down'. Equally, the relationship has to able to handle honest challenges. It is important to anticipate problems and have an agreement as to what to do if a lapse (a drinking binge, for example) occurs. When this happens, it is a time to review the goals or consider using some different strategies. The review should discuss such questions as

- 'What is your drinking goal?'
- 'How were you feeling before you started drinking?'
- 'Who were you with?'
- 'What were you thinking about when you gave yourself permission to get drunk?'
- 'What would you need to do to avoid this happening again?'

Specific interventions

Provide information and practise ways to reduce the risks associated with alcohol use

Many young clients will continue to drink alcohol, so workers need to be able to suggest ways to reduce the risk of harm from alcohol consumption. More detailed information may be found by visiting the websites listed in the resource section. Harm-reduction interventions include making suggestions such as:

- drink within the limits recommended by the health authorities
- plan in advance where you are going and who you will be with
- spread your drinking over the week – don't save up for one big session
- go to new places – don't hang out with people who only want to get drunk
- do not drink before driving, swimming, boating and so on
- do not mix alcohol with prescribed medication or other drugs

- do not drink to become intoxicated
- alternate alcoholic and non-alcoholic drinks
- before you start, decide how many drinks will be your limit and choose low-alcohol drinks so that your blood alcohol level does not rise quickly
- eat when you are drinking
- plan how you will get home – do not accept lifts from someone who has been drinking
- drink slowly – don't gulp and put your glass down between sips
- watch your drinks to protect yourself against them being spiked
- intoxication can make you more willing to take risks, including the likelihood of having sex – unplanned, unprotected sex is unsafe, so plan ahead and always use a condom and water-based lubricant.

Working with parents and families

A young person may refuse to participate in treatment, but the parents or carers may be desperate to help or be helped. Telling a parent that nothing can be done until the young person wants help is destructive and untrue. Such a message fails to recognize the gradual approach to change that is needed and that parental suffering is real and deserving of attention. When parents' concerns are validated and attended to, they may change their approach to the young person's behaviour and reduce family conflict (Davis, 2003; Lawrence and Melrose, 2002).

Internet help

Internet-based assistance is attractive to young people who prefer the anonymity and safety of a computer screen. The Internet provides access to peer support, factual information and therapy. It is also a source of misinformation and extreme points of views. Workers who explore Internet resources with their clients will find this is a valuable way to stimulate conversation and guide the young person in their evaluation and interpretation of the sites they visit.

Summary

A multilayered approach to education, prevention, early intervention and treatment is essential. Youth and community workers as well as health and education professionals have an obligation to be well informed and equipped to handle alcohol use and abuse rather than think that it is a job just for substance abuse experts. It is a job for everyone.

Resources

Websites

Alcoholics Anonymous (AA) and *Alateen*
These are well-known, well-established programmes. The AA encourages complete abstinence as well as participation in a 12-step programme. These can be

potent options for those who accept the disease model of alcoholism. Details of your nearest group can be found in your local phone directory or on the Internet.

Australian Government's alcohol website www.alcohol.gov.au
A useful source of resources and information, including a free booklet to download entitled *Drinking Decisions: Young people and drinking*.

DrugScope and D-World www.drugscope.org.uk
DrugScope is the UK's leading independent centre of expertise on drugs. It website provides information about various drugs, including alcohol. D-World is its website for 11–14-year-olds and can be accessed via the DrugScope website.

National Institute on Drug Abuse (NIDA) www.nida.nih.gov
This organization is based in the USA and provides information and resources to health professionals, parents, teachers and young people.

Substance Abuse and Mental Health Services Administration USA http://www.samhsa.gov/ a website from the United States Department of Health and Human Services that provides publications, statistics and information about programs from the

Talk to Frank website http://www.talktofrank.com/ a UK website providing useful information about drugs and alcohol, including a section where questions can be posted to the

The Drinker's Guide to Cutting Down or Cutting Out http://www.dasc.sa.gov.au a 45 page booklet from the Drug and Alcohol Services Council of South Australia (DASC) downloadable for free from the DASC website

Youth Beyond Blue http://www2.youthbeyondblue.com/ybblue an extension of the Australian Depression Initiative providing information about depression and suicide to young people

Youth Drug Support Australia – a website with fact sheets and interactive sections where young people can ask questions about AOD, sex and sexuality http://www.yds.org.au

Youth Information http://www.youthinformation.com/ an information toolkit for young people from the National Youth Agency of the UK. This website covers a broad range of issues relevant to young people

KEY POINTS

- making an assessment with understanding is essential to building trust and a platform for change
- the process of change includes precontemplation, contemplation, determination/preparation, action, maintenance and relapse
- the FRAMES process can encourage a young person to make a decision about what to do and when to do it
- Motivational interviewing builds on the change process while recognizing that young people are usually ambivalent about changing their drinking behaviour.

QUESTIONS FOR DISCUSSION

1. Discuss how you would use an assessment process to determine the stage that a young person had reached with regard to their motivation to change.
2. Discuss the relevance of parental and family beliefs, peer influence and cultural issues with regard to a young person's drinking behaviour.

References

Bien, T., Miller, W. and Tonigan, J. (1993) 'Brief interventions for alcohol problems: a review', *Addiction*, 88 (3): 315–55.

Davis, C. (2003) *Caught in the Gap: Dual diagnosis and young people*. New South Wales: New South Wales Association for Adolescent Health (NAAH).

Lawrence, K. and Melrose, J. (2002) *The Do-it-yourself Guide to Peer Education with Parents*. Sydney: Manly Drug Education and Counselling Centre (MDECC).

Lopatko, O., McLean, S., Saunders, J., Young, R., Robinson, G. and Conigrave, K. (2002) 'Alcohol', In G. Hulse, J. White and G. Cape (eds), *Management of Alcohol and Drug Problems*. South Melbourne: Oxford University Press.

Melrose, J. (2007) *Mental Health Reference Resource for Drug and Alcohol Workers*. North Sydney: NSW Health.

Miller, W. and Rollnick, S. (2002) *Motivational Interviewing: Preparing people to change addictive behaviour*. New York: Guilford Press.

Monti, P.M., Colby, S.M. and O'Leary, T. (eds) (2001) *Adolescents, Alcohol and Substance Abuse: Reaching teens through brief interventions*. New York: Guilford Press.

Prochaska, J.O., DiClemente, C.C. and Norcross, J.C. (1992) 'In search of how people change: applications to addictive behaviors', *American Psychologist*, 47 (9): 1102–14.

Sellman, D. and Deering, D. (2002) 'Adolescence', in G. Hulse, J. White and G. Cape (eds), *Management of Alcohol and Drug Problems*. South Melbourne: Oxford University Press.

Spooner, C., Mattick, R.P. and Noffs, W. (1999) *The Nature and Treatment of Adolescent Substance Use: Supplement to Monograph 26: Final report of the adolescent treatment project*. Sydney: National Drug and Alcohol Research Centre (NDARC).

Szirom, T., King, D. and Desmond, K. (2004) *Barriers to Service Provision for Young People with Presenting Substance Misuse and Mental Health Problems*. Canberra: Department of Family and Community Services.

Werch, C.E. and DiClemente, C.C. (1994) 'A multi-component stage model for matching drug prevention strategies and messages to youth stage of use', *Health Education Research: Theory and Practice*, 9: 37–46